

# Two Great Dental Programs

for you to choose from



**City of Torrance**



# 2<sup>great</sup> dental programs

for you to choose from

## WELCOME TO DELTA DENTAL

Now that you are covered by Delta Dental, you can enjoy the advantages of great network access and quality dental coverage. Your employer has selected two great dental plans for you and your family to choose from — either a preferred provider organization (PPO) or a dental HMO plan. No matter which dental plan you select, we're confident that you'll be pleased with your dental coverage.

This booklet informs you about both dental plans so you can decide which one best fits your needs and those of your family.

Again, welcome to Delta Dental! We look forward to providing you with the best in dental coverage.

Delta Dental PPO is underwritten by Delta Dental of California. DeltaCare USA is underwritten in these states by these entities: AL — Alpha Dental of Alabama, Inc.; AZ — Alpha Dental of Arizona, Inc.; CA — Delta Dental of California; AR, CO, IA, MI, OK, OR, RI, SC, SD, WA, WI, WY — Dentegra Insurance Company; AK, CT, DE, FL, GA, KS, LA, MS, TN, WV and Washington, D.C. — Delta Dental Insurance Company; HI, KY, MD, MO, NJ, OH, TX — Alpha Dental Programs, Inc.; NV — Alpha Dental of Nevada, Inc.; UT — Alpha Dental of Utah, Inc.; NM — Alpha Dental of New Mexico, Inc.; NY — Delta Dental of New York; PA — Delta Dental of Pennsylvania. Delta Dental Insurance Company acts as the DeltaCare USA administrator in all these states, except CA. These companies are financially responsible for their own products.

### Select one of the following dental plans:

#### **Delta Dental PPO plus Premier**

Delta Dental PPO plus Premier is a dental preferred provider plan offered by Delta Dental. You'll usually have the lowest out of pocket costs when visiting a PPO dentist, but you have the freedom to visit any licensed dentist, anywhere in the world. Delta Dental PPO provides access to more than 95,000 dentist locations nationwide. It provides you with convenient access to dental services, responsive claims and exceptional customer service. You can also visit one of our Delta Dental Premier® dentist offices, which will also provide you advantages such as balance billing protection.

#### **DeltaCare® USA**

DeltaCare USA features set co-payments, no annual deductibles, and no maximums for in-network benefits. Enrollees select a primary care dentist from whom they receive treatment in most states underwritten by Delta Dental, and administered by Delta Dental and its affiliates. The DeltaCare USA plan offers cost-effective, comprehensive benefits through 14,000 contracted dentist locations in DeltaCare USA service areas nationwide. If you choose the DeltaCare USA plan, please be sure to clearly indicate your dental office choice on the enrollment form.



## COMPARING YOUR TWO DELTA DENTAL PLAN OPTIONS

DELTA DENTAL PPO offers you moderately priced dental coverage and a greater amount of choice. DELTACARE USA offers you more predictable and potentially lower dental expenses. Both offer quality oral health care and excellent dental benefits.

	DELTA DENTAL PPO	DELTACARE USA
<b>Copayments</b>	<p><i>Receive the lowest out-of-pocket cost when you select a Delta Dental PPO dentist. Copayments/coinsurance for covered procedures are a percentage of Delta Dental's PPO fee (for PPO dentists) or maximum plan allowance (for non-PPO dentists). For example a 50% patient portion and a 50% plan coverage.</i></p> <p>Basic services, such as fillings, are often covered at 80%, which means you are only responsible for 20% of the dentist's fee. Please check the Delta Dental PPO plan design on page 5 for your group specific benefits.</p>	<p><i>Covered procedures have set, modest copayments and are clearly stated in your enrollment materials.</i></p> <p>Most diagnostic and preventive services and many restorative services have minimal or no copayments. Please check your DeltaCare USA plan design on page 8 for your copayment schedule.</p>
<b>Deductibles and Maximums</b>	Your plan may have annual deductibles and annual maximums.	Your plan does not have annual deductibles or annual maximums.
<b>Orthodontic Coverage (if a plan benefit)</b>	Orthodontic treatment can be obtained at any licensed orthodontist's office.	You must select a contracted DeltaCare USA orthodontist*. However, enrollees whose coverage is through another dental program at the time of their effective date can complete treatment at their current orthodontist's office without disruption. *In most states. Please see your plan booklet for policies, limitations and exclusions for your plan.
<b>Selecting a Dentist</b>	<p><i>Visit any licensed dentist, anywhere in the world. Delta Dental PPO dentists will usually provide the most cost savings; Delta Dental Premier dentists may still provide some cost savings over non-Delta Dentists. Out-of-pocket expenses are often highest when you visit a non-Delta Dental dentist.</i></p> <p>To locate a Delta Dental PPO dentist, you may use the dentist directory on our web site <a href="http://www.deltadentalins.com">www.deltadentalins.com</a>, or call our toll-free number, 800-765-6003, Monday through Friday, 5 a.m. to 5 p.m. Pacific time.</p> <p><i>You can change dentists anytime without contacting Delta Dental.</i></p>	<p><i>You must select a DeltaCare USA primary care dentist.* To locate a DeltaCare USA dentist, you may check our web site at <a href="http://www.deltadentalins.com">www.deltadentalins.com</a> or call our Customer Service department toll-free at 800-422-4234 to find a DeltaCare USA dentist near you.</i></p> <p><i>You can change DeltaCare USA dentists any time with a phone call to our Customer Service department. You may also notify us in writing or by submitting a request form via our web site. Contact us by the 15<sup>th</sup> of the month for the change to become effective by the 1<sup>st</sup> of the following month. *In most states.</i></p>

DELTA DENTAL PPO		DELTACARE USA
<b>Specialty Referrals</b>	<i>Not required.</i> You may visit any dental specialist without contacting Delta Dental. PPO specialists from whom you will receive PPO benefits are clearly indicated in our PPO directories and on our web site.	<i>Required for specialty care.*</i> Your assigned DeltaCare USA dentist will coordinate your specialty-care needs for oral surgery, endodontics, periodontics or pediatric dentistry with an approved DeltaCare USA specialist. If there isn't a DeltaCare USA specialist within your service area, a referral to a non-contracted specialist will be authorized at no extra cost, other than your applicable copayment. *In most states.
<b>Out-of-area Coverage</b>	You can visit any licensed dentist, anywhere in the world.	You are usually considered out-of-area when <i>35 or more miles</i> from your assigned DeltaCare USA dentist. You are covered for out-of-area emergency treatment up to \$100 per incident.
<b>Preexisting Condition Coverage</b>	No exclusions for preexisting conditions or missing teeth.	No exclusions for preexisting conditions or missing teeth.
<b>Family Coverage</b>	Each of your family members may visit any dentist of his or her choice. However, the copayments may vary depending on whether a Delta Dental PPO or a non-PPO dentist is selected.	Each of your family members may select a different DeltaCare USA dentist, up to a maximum of three per family (depending upon your specific plan and state regulations). You must provide dentist selections and office numbers for each eligible person on your enrollment form.
<b>Claim Forms</b>	Delta Dental dentists complete and submit all claim forms.	No claim forms.
<b>Questions</b>	<i>Simply call Delta Dental's Customer Service department at 800 765-6003.</i> Representatives are available 5 a.m. to 5 p.m. Pacific time, Monday through Friday. You may also visit Delta Dental's web site at <b>www.deltadentalins.com</b> to view your eligibility and benefits or print your own ID card.	<i>Simply call Delta Dental's Customer Service department at 800-422-4234.</i> Representatives are available from 5 a.m. to 6 p.m. Pacific time, Monday through Friday. You may also visit our web site at <b>www.deltadentalins.com</b> to view your eligibility and benefits or print your own ID card.



## GETTING TO KNOW DELTA DENTAL PPO

Your Delta Dental PPO plan provides the maximum benefit when you visit a Delta Dental PPO dentist. Delta Dental PPO dentists have agreed to charge PPO patients reduced fees. The chart below shows the differences between visiting a PPO dentist, a non-PPO dentist who is a Delta Dental Premier Dentist and a non-Delta Dental dentist.

PPO BENEFITS	NON-PPO BENEFITS	
DELTA DENTAL PPO DENTISTS	DELTA DENTAL PREMIER DENTISTS	NON-DELTA DENTAL DENTISTS
Your out-of-pocket expense will probably be less because Delta Dental PPO dentists have agreed to charge PPO patients reduced fees.	You will be charged no more than the fees approved by Delta Dental	You will be responsible for the difference if your dentist charges more than Delta Dental's allowed fee.
Claim forms will be completed and submitted for you at no charge.	Claim forms will be completed and submitted for you at no charge.	You may have to complete and submit your own claim forms or pay a service fee.
You may be charged only the patient's share* at the time of treatment, not Delta Dental's portion.	You may be charged only the patient share* at the time of treatment, not Delta Dental's portion.	You may have to pay the entire bill in advance and wait for reimbursement.

\* "Patient share" is the copayment, applicable deductible and any amount over the annual maximum. Some services may not be covered; please refer to your Delta Dental PPO Evidence of Coverage booklet.

### Delta Dental PPO plus Premier

Delta Dental PPO plus Premier provides enrollees cost protection even if they don't visit a PPO dentist. If you can not visit a PPO dentist, a Delta Dental Premier dentist can still provide enrollees cost protection from balance billing since they will never charge more than Delta Dental's allowed fee. Only when visiting a non-Delta Dental dentist will you be responsible for paying any fees above Delta Dental's maximum allowable charge.

### Delta Dental PPO gives you these advantages

- Save on out-of-pocket expense when you visit a Delta Dental PPO dentist
- Visit any licensed dentist of your choice — You may select a different dentist for each member of your family
- Change dentists at any time without preapproval
- Go to a dental specialist of your choice without preapproval
- Receive dental care anywhere in the world

### Two Types of Delta Dental Dentists

<b>Delta Dental PPO dentists</b>	<b>Safety net dentists</b>
	<b>Delta Dental Premier dentists</b>

**Non-Delta Dental dentists**



## Description of Benefits and Copayments

### How your Delta Dental PPO plus Premier program works

Using your PPO plan is easy. Simply call the dental office of your choice and make an appointment. Please be sure to confirm that the dentist is a contracted Delta Dental PPO dentist. At your first appointment, all you will need to present to your dentist is your group number and the enrollee's identification number. You do not need an ID card to verify coverage, make an appointment or receive treatment.

	When treatment is provided by A Delta Dental PPO Dentist**	When treatment is provided by An Out-of-Network Dentist
Who's Covered	Primary enrollee and spouse as well as dependent children to age 19 and full-time students to age 23	Primary enrollee and spouse as well as dependent children to age 19 and full-time students to age 23
Deductible	\$40 per person, \$120 per family per calendar year	\$50 per person, \$150 per family per calendar year
Benefits Maximum	The maximum benefit paid per calendar year is \$1,500 per person	The maximum benefit paid per calendar year is \$1,500 per person
Diagnostic and Preventive Benefits* -oral examinations, cleanings, x-rays, examinations of tissue biopsy, fluoride treatment, space maintainers, specialist consultation	80% of Delta Dental PPO dentist's allowed fee (no deductible applies for these services)	80% of Delta Dental allowed fee (no deductible applies for these services)
Basic Benefits* - oral surgery (extractions), fillings, root canals, periodontic (gum) treatment, tissue removal (biopsy), sealants	80% of Delta Dental PPO dentist's allowed fee	80% of Delta Dental allowed fee
Crowns, Jackets and Other Cast Restorations*	50% of Delta Dental PPO dentist's allowed fee	50% of Delta Dental allowed fee
Prosthodontic Benefits* - bridges, partial dentures, full dentures, implants	50% of Delta Dental PPO dentist's allowed fee	50% of Delta Dental allowed fee
Orthodontic Benefits* - for eligible dependent children	50% of Delta Dental PPO dentist's allowed fee (subject to a \$2,000 lifetime maximum per person)	50% of Delta Dental allowed fee (subject to a \$2,000 lifetime maximum per person)

\* Please refer to your Evidence of Coverage booklet for limitations on these benefits. Some examples of limitations on services are the number of cleanings and oral exams covered in a calendar year, and time limitations on filling and crown replacements.

\*\* Delta Dental endodontists, oral surgeons and periodontists are not Delta Dental PPO dentists, but you receive PPO benefits when visiting one of these specialists.

## Locating a Delta Dental PPO dentist

You may visit our national online directory at: **[www.deltadentalins.com](http://www.deltadentalins.com)** to find a Delta Dental PPO dentist near you. Simply click on the Dentist Search area to find a Delta Dental PPO dentist anywhere nationwide. Then follow these easy steps:

- Select Delta Dental PPO
- Enter your zip code or city and state (to broaden the scope, you can also search by the first 3 or 4 digits of the zip code)
- Select the dentist's specialty
- You may also search by the dentist's last name

Our online directory provides a map to the dental office by clicking on the office address and additional information about the office, such as hours of operation, languages spoken and access to public transportation.

You may also call (800) 765-6003 to speak with Delta Dental Customer Service, Monday through Friday, 5 a.m. to 5 p.m. Pacific time. You will be asked to provide:

- Your plan type (Delta Dental PPO)
- Your name and complete address
- The city or cities (up to three) and state for which you are requesting listings
- Please specify that you are a Delta Dental PPO enrollee

## Services that are not covered

Although your plan covers many of the most commonly needed services, some services are not covered. If you are unsure whether a particular procedure is covered, or how much of it is paid for by your plan, check with Delta Dental before proceeding.

The following are *not* covered by the plan:

- Services for injuries or conditions covered under Workers' Compensation or Employer's Liability
- Cosmetic surgery or dentistry or services to correct congenital malformation
- Experimental procedures
- Therapeutic drugs, premedication or pain relievers
- Hospital costs or extra charges for hospital treatment
- Anesthesia (except for general anesthesia for oral surgery)
- Treatment related to the temporomandibular joint (TMJ) (which may or may not be part of your specific dental plan)
- Orthodontic treatment (which may or may not be part of your specific dental plan)
- Intravenous sedation
- Occlusal guards and occlusal adjustments

The preceding information is not intended for use as a summary plan description, nor is it designed to serve as Delta Dental PPO Evidence of Coverage. If you have specific questions regarding benefit structure, limitations or exclusions, consult the Delta Dental PPO Evidence of Coverage or contact Delta Dental's Customer Service department at 800-765-6003.





## GETTING TO KNOW DELTACARE USA

DeltaCare USA provides you and your family with quality dental benefits at an affordable cost. DeltaCare USA is designed to encourage regular preventive dental visits and to maintain your dental health. When you enroll, you select a contracted DeltaCare USA dentist to provide services for your family. Delta Dental contracts with private practice dental facilities that have been carefully screened for quality.\*

Many services are covered at no cost, while others have copayments (the amount you pay your DeltaCare USA dentist) for certain benefits. See the Description of Benefits and Copayments on the following page for a list of your benefits.

Please note: Dental services that are not performed by your assigned DeltaCare USA dentist, or are not covered under provisions for emergency care below, must be preauthorized by Delta Dental to be covered by your DeltaCare USA plan.

### Provisions for emergency care

Under DeltaCare USA, you and your eligible dependents are covered for out-of-area dental emergencies (35 or more miles from your DeltaCare USA dentist).

Your plan pays up to \$100 per incident for out-of-area emergency dental expenses for each enrollee.

### Accident injury benefit

DeltaCare USA provides coverage for accidental injury (caused by external forces).

### DeltaCare USA gives you quality, convenience and cost savings:

- Extensive benefits for you and your family
- No deductibles or annual dollar maximum
- Clearly defined out-of-pocket costs
- No restrictions on preexisting conditions, except for work in progress
- Very low turnover of contracted dentists, so you can establish a long-term relationship with your dentist
- No claim forms to complete
- Easy access to specialty care (If you or your dependent is assigned to a dental school clinic for specialty services, a dentist, dental student, clinician or dental instructor may provide those services)

- Out-of-area dental emergency coverage up to \$100 each incident
- Expanded business hours for toll-free customer service, from 5 a.m. to 6 p.m. Pacific time, Monday through Friday.

### How your DeltaCare USA program works

Your assigned DeltaCare USA dentist will take care of your dental care needs. If you require treatment from a specialist, your DeltaCare USA dentist will handle the referral for you.

After you have enrolled in DeltaCare USA, you will receive a membership packet including an identification card and an Evidence of Coverage booklet that fully describes the benefits of your dental plan. Also included in this packet are the name, address and phone number of your DeltaCare USA dentist. Simply call the dental office to make an appointment. You do not need an ID card to verify coverage, make an appointment or receive treatment.

### Locating a DeltaCare USA dentist

You may visit our national online directory at: **[www.deltadentalins.com](http://www.deltadentalins.com)**. Simply click the Dentist Search area to find a DeltaCare USA dentist anywhere nationwide. Then follow these easy steps:

- Select DeltaCare USA
- Enter your zip code or city and state (to broaden the scope, you can also search by the first 3 or 4 digits of the zip code)
- Select the dentist's specialty
- You may also search by the dentist's last name
- For a map to the dental office, click on the office address

You may also use our dentist directory service to receive a listing of dentists in your area by calling 800-422-4234, Monday through Friday, 5 am to 6 pm Pacific time. You will be asked to provide:

- Your plan type (DeltaCare USA)
- Your name and complete address
- The city or cities (up to three) and state for which you are requesting listings
- Please specify that you are a DeltaCare USA enrollee

\*Enrollees select a primary care dentist from whom they receive treatment in most states. Some states offer open-access plans. Please refer to your Evidence of coverage to determine what your individual state requirements are.

## Description of Benefits and Copayments

The benefits shown below are performed as deemed appropriate by the attending Contract Dentist subject to the limitations and exclusions of the program. Please refer to Schedule B for further clarification of benefits. **Enrollees should discuss all treatment options with their Contract Dentist prior to services being rendered.**

**Text that appears in italics below is specifically intended to clarify the delivery of benefits under the DeltaCare USA program and is not to be interpreted as CDT-2007 procedure codes, descriptors or nomenclature that are under copyright by the American Dental Association. The American Dental Association may periodically change CDT codes or definitions. Such updated codes, descriptors and nomenclature may be used to describe these covered procedures in compliance with federal legislation.**

Code	Description	ENROLLEE PAYS
<b>D0100-D0999</b>	<b>I. DIAGNOSTIC</b>	
D0120	Periodic oral evaluation - established patient.....	No Cost
D0140	Limited oral evaluation - problem focused.....	No Cost
D0145	Oral evaluation for a patient under three years of age and counseling with primary caregiver .....	No Cost
D0150	Comprehensive oral evaluation - new or established patient.....	No Cost
D0160	Detailed and extensive oral evaluation - problem focused, by report.....	No Cost
D0170	Re-evaluation - limited, problem focused (established patient; not post-operative visit).....	No Cost
D0180	Comprehensive periodontal evaluation - new or established patient.....	No Cost
D0210	Intraoral <i>radiographs</i> - complete series (including bitewings) - <i>limited to 1 series every 24 months</i> .....	No Cost
D0220	Intraoral - periapical first film .....	No Cost
D0230	Intraoral - periapical each additional film.....	No Cost
D0240	Intraoral - occlusal film .....	No Cost
D0250	Extraoral - first film .....	No Cost
D0260	Extraoral - each additional film.....	No Cost
D0270	Bitewing <i>radiograph</i> - single film .....	No Cost
D0272	Bitewings <i>radiographs</i> - two films.....	No Cost
D0273	Bitewings <i>radiographs</i> - three films .....	No Cost
D0274	Bitewings <i>radiographs</i> - four films - <i>limited to 1 series every 6 months</i> .....	No Cost
D0277	Vertical bitewings - 7 to 8 films.....	No Cost
D0330	Panoramic film.....	No Cost
D0415	Collection of microorganisms for culture and sensitivity.....	No Cost
D0425	Caries susceptibility tests .....	No Cost
D0460	Pulp vitality tests.....	No Cost
D0470	Diagnostic casts .....	No Cost
D0472	Accession of tissue, gross examination, preparation and transmission of written report.....	No Cost
D0473	Accession of tissue, gross and microscopic examination, preparation and transmission of written report.....	No Cost
D0474	Accession of tissue, gross and microscopic examination, including assessment of surgical margins for presence of disease, preparation and transmission of written report.....	No Cost
D0999	Unspecified diagnostic procedure, by report - <i>includes office visit, per visit (in addition to other services)</i> .....	No Cost
<b>D1000-D1999</b>	<b>II. PREVENTIVE</b>	
D1110	Prophylaxis <i>cleaning</i> - adult - <i>1 per 6 month period</i> .....	No Cost
D1110	<i>Additional prophylaxis cleaning</i> - adult ( <i>within the 6 month period</i> ) .....	\$ 45.00
D1120	Prophylaxis <i>cleaning</i> - child - <i>1 per 6 month period</i> .....	No Cost
D1120	<i>Additional prophylaxis cleaning</i> - child ( <i>within the 6 month period</i> ).....	\$ 35.00
D1203	Topical application of fluoride (prophylaxis not included) - child - <i>to age 19; 1 per 6 month period</i> .....	No Cost
D1206	Topical fluoride varnish; therapeutic application for moderate to high caries risk patients - <i>child to age 19; 1 per 6 month period</i> .....	No Cost
D1310	Nutritional counseling for control of dental disease.....	No Cost
D1330	Oral hygiene instructions.....	No Cost
D1351	Sealant - per tooth - <i>limited to permanent molars through age 15</i> .....	\$ 5.00
D1510	Space maintainer - fixed - unilateral.....	\$ 10.00
D1515	Space maintainer - fixed - bilateral.....	\$ 10.00
D1520	Space maintainer - removable - unilateral.....	\$ 10.00
D1525	Space maintainer - removable - bilateral.....	\$ 10.00
D1550	Re-cementation of space maintainer.....	No Cost
D1555	Removal of fixed space maintainer .....	No Cost

Code Description

ENROLLEE  
PAYS**D2000-D2999 III. RESTORATIVE**

Includes polishing, all adhesives and bonding agents, indirect pulp capping, bases, liners and acid etch procedures.

- When there are more than six crowns in the same treatment plan, an Enrollee may be charged an additional \$100.00 per crown, beyond the 6th unit
- Replacement of crowns, inlays and onlays requires the existing restoration to be 5+ years old.

D2140	Amalgam - one surface, primary or permanent.....	No Cost
D2150	Amalgam - two surfaces, primary or permanent.....	No Cost
D2160	Amalgam - three surfaces, primary or permanent.....	No Cost
D2161	Amalgam - four or more surfaces, primary or permanent.....	No Cost
D2330	Resin-based composite - one surface, anterior.....	No Cost
D2331	Resin-based composite - two surfaces, anterior.....	No Cost
D2332	Resin-based composite - three surfaces, anterior.....	No Cost
D2335	Resin-based composite - four or more surfaces or involving incisal angle (anterior).....	No Cost
D2390	Resin-based composite crown, anterior.....	No Cost
D2391	Resin-based composite - one surface, posterior.....	\$ 45.00
D2392	Resin-based composite - two surfaces, posterior.....	\$ 55.00
D2393	Resin-based composite - three surfaces, posterior.....	\$ 65.00
D2394	Resin-based composite - four or more surfaces, posterior.....	\$ 75.00
D2510	Inlay - metallic - one surface.....	No Cost
D2520	Inlay - metallic - two surfaces.....	No Cost
D2530	Inlay - metallic - three or more surfaces.....	No Cost
D2542	Onlay - metallic - two surfaces.....	No Cost
D2543	Onlay - metallic - three surfaces.....	No Cost
D2544	Onlay - metallic - four or more surfaces.....	No Cost
D2610	Inlay - porcelain/ceramic - one surface.....	\$135.00
D2620	Inlay - porcelain/ceramic - two surfaces.....	\$150.00
D2630	Inlay - porcelain/ceramic - three or more surfaces.....	\$160.00
D2642	Onlay - porcelain/ceramic - two surfaces.....	\$150.00
D2643	Onlay - porcelain/ceramic - three surfaces.....	\$165.00
D2644	Onlay - porcelain/ceramic - four or more surfaces.....	\$175.00
D2650	Inlay - resin-based composite - one surface.....	\$ 85.00
D2651	Inlay - resin-based composite - two surfaces.....	\$ 95.00
D2652	Inlay - resin-based composite - three or more surfaces.....	\$115.00
D2662	Onlay - resin-based composite - two surfaces.....	\$110.00
D2663	Onlay - resin-based composite - three surfaces.....	\$120.00
D2664	Onlay - resin-based composite - four or more surfaces.....	\$145.00
D2710	Crown - resin-based composite (indirect).....	\$ 35.00
D2712	Crown - ¾ resin-based composite (indirect).....	\$ 35.00
D2720	Crown - resin with high noble metal.....	\$155.00
D2721	Crown - resin with predominantly base metal.....	\$ 55.00
D2722	Crown - resin with noble metal.....	\$ 95.00
D2740	Crown - porcelain/ceramic substrate.....	\$195.00
D2750	Crown - porcelain fused to high noble metal.....	\$195.00
D2751	Crown - porcelain fused to predominantly base metal.....	\$ 95.00
D2752	Crown - porcelain fused to noble metal.....	\$135.00
D2780	Crown - ¾ cast high noble metal.....	\$170.00
D2781	Crown - ¾ cast predominantly base metal.....	\$ 70.00
D2782	Crown - ¾ cast noble metal.....	\$110.00
D2783	Crown - ¾ porcelain/ceramic.....	\$195.00
D2790	Crown - full cast high noble metal.....	\$170.00
D2791	Crown - full cast predominantly base metal.....	\$ 70.00
D2792	Crown - full cast noble metal.....	\$110.00
D2794	Crown - titanium.....	\$195.00
D2910	Recement inlay, onlay or partial coverage restoration.....	No Cost
D2915	Recement cast or prefabricated post and core.....	No Cost
D2920	Recement crown.....	No Cost
D2930	Prefabricated stainless steel crown - primary tooth.....	No Cost
D2931	Prefabricated stainless steel crown - permanent tooth.....	No Cost
D2932	Prefabricated resin crown - <i>anterior primary tooth</i> .....	\$ 15.00
D2933	Prefabricated stainless steel crown with resin window - <i>anterior primary tooth</i> .....	\$ 10.00
D2940	Sedative filling.....	No Cost
D2950	Core buildup, including any pins.....	No Cost
D2951	Pin retention - per tooth, in addition to restoration.....	No Cost
D2952	Post and core in addition to crown, indirectly fabricated - <i>includes canal preparation</i> .....	No Cost
D2953	Each additional indirectly fabricated post - same tooth - <i>includes canal preparation</i> .....	No Cost

Code	Description	ENROLLEE PAYS
D2954	Prefabricated post and core in addition to crown - <i>base metal post; includes canal preparation</i> .....	No Cost
D2957	Each additional prefabricated post - same tooth - <i>base metal post; includes canal preparation</i> .....	No Cost
D2970	Temporary crown (fractured tooth) - <i>palliative treatment only</i> .....	\$ 5.00
D2971	Additional procedures to construct new crown under existing partial denture framework .....	\$ 19.00
D2980	Crown repair, by report .....	\$ 10.00
<b>D3000-D3999 IV. ENDODONTICS</b>		
D3110	Pulp cap - direct (excluding final restoration) .....	No Cost
D3120	Pulp cap - indirect (excluding final restoration) .....	No Cost
D3220	Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament .....	No Cost
D3221	Pulpal debridement, primary and permanent teeth .....	\$ 5.00
D3230	Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration) .....	\$ 5.00
D3240	Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration) .....	\$ 5.00
D3310	<i>Root canal</i> - anterior (excluding final restoration) .....	\$ 45.00
D3320	<i>Root canal</i> - bicuspid (excluding final restoration) .....	\$ 90.00
D3330	<i>Root canal</i> - molar (excluding final restoration) .....	\$205.00
D3331	Treatment of root canal obstruction; non-surgical access .....	\$ 45.00
D3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth .....	\$ 45.00
D3333	Internal root repair of perforation defects .....	\$ 45.00
D3346	Retreatment of previous root canal therapy - anterior .....	\$ 60.00
D3347	Retreatment of previous root canal therapy - bicuspid .....	\$105.00
D3348	Retreatment of previous root canal therapy - molar .....	\$220.00
D3351	Apexification/recalcification - initial visit (apical closure/calific repair of perforations, root resorption, etc.) .....	\$ 70.00
D3352	Apexification/recalcification - interim medication replacement (apical closure/calific repair of perforations, root resorption, etc.) .....	\$ 45.00
D3353	Apexification/recalcification - final visit (includes completed root canal therapy - apical closure/calific repair of perforations, root resorption, etc.) .....	\$ 45.00
D3410	Apicoectomy/periradicular surgery - anterior .....	No Cost
D3421	Apicoectomy/periradicular surgery - bicuspid (first root) .....	No Cost
D3425	Apicoectomy/periradicular surgery - molar (first root) .....	No Cost
D3426	Apicoectomy/periradicular surgery (each additional root) .....	No Cost
D3430	Retrograde filling - per root .....	No Cost
D3450	Root amputation, per root .....	No Cost
D3920	Hemisection (including any root removal), not including root canal therapy .....	No Cost
<b>D4000-D4999 V. PERIODONTICS</b>		
Includes preoperative and postoperative evaluations and treatment under a local anesthetic.		
D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or bounded teeth spaces per quadrant .....	\$ 80.00
D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or bounded teeth spaces per quadrant .....	\$ 50.00
D4240	Gingival flap procedure, including root planing - four or more contiguous teeth or bounded teeth spaces per quadrant .....	\$ 80.00
D4241	Gingival flap procedure, including root planing - one to three contiguous teeth or bounded teeth spaces per quadrant .....	\$ 50.00
D4245	Apically positioned flap .....	\$ 75.00
D4249	Clinical crown lengthening - hard tissue .....	\$ 75.00
D4260	Osseous surgery (including flap entry and closure) - four or more contiguous teeth or bounded teeth spaces per quadrant .....	\$175.00
D4261	Osseous surgery (including flap entry and closure) - one to three contiguous teeth or bounded teeth spaces per quadrant .....	\$140.00
D4263	Bone replacement graft - first site in quadrant .....	\$195.00
D4264	Bone replacement graft - each additional site in quadrant .....	\$ 60.00
D4270	Pedicle soft tissue graft procedure .....	\$195.00
D4271	Free soft tissue graft procedure (including donor site surgery) .....	\$195.00
D4274	Distal or proximal wedge procedure (when not performed in conjunction with surgical procedures in the same anatomical area) .....	\$ 45.00
D4341	Periodontal scaling and root planing - four or more teeth per quadrant - <i>limited to 4 quadrants during any 12 consecutive months</i> .....	No Cost
D4342	Periodontal scaling and root planing - one to three teeth per quadrant - <i>limited to 4 quadrants during any 12 consecutive months</i> .....	No Cost
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis - <i>limited to 1 treatment in any 12 consecutive months</i> .....	No Cost
D4910	Periodontal maintenance - <i>limited to 1 treatment each 6 month period</i> .....	No Cost
D4910	<i>Additional periodontal maintenance (within the 6 month period)</i> .....	\$ 55.00

Code Description

ENROLLEE  
PAYS**D5000-D5899 VI. PROSTHODONTICS (removable)**

- For all listed dentures and partial dentures, Copayment includes after delivery adjustments and tissue conditioning, if needed, for the first six months after placement. The Enrollee must continue to be eligible, and the service must be provided at the Contract Dentist's facility where the denture was originally delivered.

- Rebases, relines and tissue conditioning are limited to 1 per denture during any 12 consecutive months.

- Replacement of a denture or a partial denture requires the existing denture to be 5+ years old.

D5110	Complete denture - maxillary .....	\$100.00
D5120	Complete denture - mandibular .....	\$100.00
D5130	Immediate denture - maxillary .....	\$120.00
D5140	Immediate denture - mandibular .....	\$120.00
D5211	Maxillary partial denture - resin base (including any conventional clasps, rests and teeth).....	\$ 80.00
D5212	Mandibular partial denture - resin base (including any conventional clasps, rests and teeth).....	\$ 80.00
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth) .....	\$120.00
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth) .....	\$120.00
D5225	Maxillary partial denture - flexible base (including any clasps, rests and teeth).....	\$170.00
D5226	Mandibular partial denture - flexible base (including any clasps, rests and teeth) .....	\$170.00
D5410	Adjust complete denture - maxillary .....	No Cost
D5411	Adjust complete denture - mandibular .....	No Cost
D5421	Adjust partial denture - maxillary .....	No Cost
D5422	Adjust partial denture - mandibular .....	No Cost
D5510	Repair broken complete denture base .....	\$ 15.00
D5520	Replace missing or broken teeth - complete denture (each tooth).....	\$ 5.00
D5610	Repair resin denture base .....	\$ 15.00
D5620	Repair cast framework .....	\$ 15.00
D5630	Repair or replace broken clasp .....	\$ 15.00
D5640	Replace broken teeth - per tooth .....	\$ 5.00
D5650	Add tooth to existing partial denture .....	\$ 5.00
D5660	Add clasp to existing partial denture .....	\$ 5.00
D5670	Replace all teeth and acrylic on cast metal framework (maxillary).....	\$ 75.00
D5671	Replace all teeth and acrylic on cast metal framework (mandibular) .....	\$ 75.00
D5710	Rebase complete maxillary denture .....	\$ 35.00
D5711	Rebase complete mandibular denture .....	\$ 35.00
D5720	Rebase maxillary partial denture .....	\$ 35.00
D5721	Rebase mandibular partial denture .....	\$ 35.00
D5730	Reline complete maxillary denture (chairside) .....	No Cost
D5731	Reline complete mandibular denture (chairside).....	No Cost
D5740	Reline maxillary partial denture (chairside) .....	No Cost
D5741	Reline mandibular partial denture (chairside).....	No Cost
D5750	Reline complete maxillary denture (laboratory).....	\$ 35.00
D5751	Reline complete mandibular denture (laboratory) .....	\$ 35.00
D5760	Reline maxillary partial denture (laboratory).....	\$ 35.00
D5761	Reline mandibular partial denture (laboratory) .....	\$ 35.00
D5820	Interim partial denture (maxillary) - <i>limited to 1 in any 12 consecutive months</i> .....	\$ 45.00
D5821	Interim partial denture (mandibular) - <i>limited to 1 in any 12 consecutive months</i> .....	\$ 45.00
D5850	Tissue conditioning, maxillary .....	No Cost
D5851	Tissue conditioning, mandibular .....	No Cost

**D5900-D5999 VII. MAXILLOFACIAL PROSTHETICS - Not Covered****D6000-D6199 VIII. IMPLANT SERVICES - Not Covered****D6200-D6999 IX. PROSTHODONTICS, fixed (each retainer and each pontic constitutes a unit in a fixed partial denture [bridge])**

- When a crown and/or pontic exceeds six units in the same treatment plan, an Enrollee may be charged an additional \$100.00 per unit, beyond the 6th unit.

- Replacement of a crown, pontic, inlay, onlay or stress breaker requires the existing bridge to be 5+ years old.

D6210	Pontic - cast high noble metal .....	\$170.00
D6211	Pontic - cast predominantly base metal .....	\$ 70.00
D6212	Pontic - cast noble metal .....	\$110.00
D6240	Pontic - porcelain fused to high noble metal .....	\$195.00
D6241	Pontic - porcelain fused to predominantly base metal.....	\$ 95.00
D6242	Pontic - porcelain fused to noble metal .....	\$135.00
D6245	Pontic - porcelain/ceramic .....	\$195.00
D6250	Pontic - resin with high noble metal .....	\$155.00

Schedule A - Description of benefits and copayments



Code	Description	ENROLLEE PAYS
D6251	Pontic - resin with predominantly base metal.....	\$ 55.00
D6252	Pontic - resin with noble metal .....	\$ 95.00
D6600	Inlay - porcelain/ceramic, two surfaces .....	\$150.00
D6601	Inlay - porcelain/ceramic, three or more surfaces .....	\$160.00
D6602	Inlay - cast high noble metal, two surfaces .....	\$100.00
D6603	Inlay - cast high noble metal, three or more surfaces .....	\$100.00
D6604	Inlay - cast predominantly base metal, two surfaces.....	No Cost
D6605	Inlay - cast predominantly base metal, three or more surfaces.....	No Cost
D6606	Inlay - cast noble metal, two surfaces .....	\$ 40.00
D6607	Inlay - cast noble metal, three or more surfaces .....	\$ 40.00
D6608	Onlay - porcelain/ceramic, two surfaces .....	\$150.00
D6609	Onlay - porcelain/ceramic, three or more surfaces .....	\$165.00
D6610	Onlay - cast high noble metal, two surfaces.....	\$100.00
D6611	Onlay - cast high noble metal, three or more surfaces.....	\$100.00
D6612	Onlay - cast predominantly base metal, two surfaces.....	No Cost
D6613	Onlay - cast predominantly base metal, three or more surfaces.....	No Cost
D6614	Onlay - cast noble metal, two surfaces .....	\$ 40.00
D6615	Onlay - cast noble metal, three or more surfaces .....	\$ 40.00
D6720	Crown - resin with high noble metal .....	\$155.00
D6721	Crown - resin with predominantly base metal .....	\$ 55.00
D6722	Crown - resin with noble metal .....	\$ 95.00
D6740	Crown - porcelain/ceramic.....	\$195.00
D6750	Crown - porcelain fused to high noble metal .....	\$195.00
D6751	Crown - porcelain fused to predominantly base metal .....	\$ 95.00
D6752	Crown - porcelain fused to noble metal.....	\$135.00
D6780	Crown - ¾ cast high noble metal.....	\$170.00
D6781	Crown - ¾ cast predominantly base metal.....	\$ 70.00
D6782	Crown - ¾ cast noble metal.....	\$110.00
D6783	Crown - ¾ porcelain/ceramic.....	\$195.00
D6790	Crown - full cast high noble metal .....	\$170.00
D6791	Crown - full cast predominantly base metal .....	\$ 70.00
D6792	Crown - full cast noble metal .....	\$110.00
D6930	Recement fixed partial denture .....	No Cost
D6940	Stress breaker .....	No Cost
D6970	Post and core in addition to fixed partial denture retainer, indirectly fabricated - includes canal preparation .....	No Cost
D6972	Prefabricated post and core in addition to fixed partial denture retainer - <i>base metal post</i> ; includes canal preparation .....	No Cost
D6973	Core buildup for retainer, including any pins .....	No Cost
D6976	Each additional indirectly fabricated post - same tooth - <i>includes canal preparation</i> .....	No Cost
D6977	Each additional prefabricated post - same tooth - <i>base metal post; includes canal preparation</i> .....	No Cost
D6980	Fixed partial denture repair, by report .....	\$ 10.00

## D7000-D7999 X. ORAL AND MAXILLOFACIAL SURGERY

Includes preoperative and postoperative evaluations and treatment under a local anesthetic.

D7111	Extraction, coronal remnants - deciduous tooth .....	No Cost
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal).....	No Cost
D7210	Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth.....	\$ 15.00
D7220	Removal of impacted tooth - soft tissue .....	\$ 25.00
D7230	Removal of impacted tooth - partially bony .....	\$ 50.00
D7240	Removal of impacted tooth - completely bony .....	\$ 70.00
D7241	Removal of impacted tooth - completely bony, with unusual surgical complications .....	\$ 90.00
D7250	Surgical removal of residual tooth roots (cutting procedure).....	No Cost
D7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth.....	\$ 50.00
D7280	Surgical access of an unerupted tooth.....	\$ 85.00
D7282	Mobilization of erupted or malpositioned tooth to aid eruption.....	\$ 85.00
D7283	Placement of device to facilitate eruption of impacted tooth .....	No Cost
D7286	Biopsy of oral tissue - soft - <i>does not include pathology laboratory procedures</i> .....	No Cost
D7310	Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant .....	No Cost
D7311	Alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant.....	No Cost
D7320	Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant .....	No Cost
D7321	Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant.....	No Cost
D7450	Removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm.....	No Cost
D7451	Removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm .....	No Cost
D7471	Removal of lateral exostosis (maxilla or mandible).....	No Cost



Code	Description	ENROLLEE PAYS
D7472	Removal of torus palatinus.....	No Cost
D7473	Removal of torus mandibularis.....	No Cost
D7510	Incision and drainage of abscess - intraoral soft tissue.....	No Cost
D7960	Frenulectomy (frenectomy or frenotomy) - separate procedure.....	No Cost
D7970	Excision of hyperplastic tissue - per arch.....	\$ 50.00
D7971	Excision of pericoronal gingiva.....	\$ 50.00

## D8000-D8999 XI. ORTHODONTICS

- The listed Copayment for each phase of orthodontic treatment (limited, interceptive or comprehensive) covers up to 24 months of active treatment. Beyond 24 months, an additional monthly fee, not to exceed \$125.00, may apply.
- The Retention Copayment includes adjustments and/or office visits up to 24 months.

### **Pre and post orthodontic records include:**

	<i>The benefit for pre-treatment records and diagnostic services includes:</i> .....	\$ 200.00
D0210	Intraoral - complete series (including bitewings)	
D0322	Tomographic survey	
D0330	Panoramic film	
D0340	Cephalometric film	
D0350	Oral/facial photographic images	
D0470	Diagnostic casts	

### *The benefit for post-treatment records includes:*..... \$ 70.00

D0210	Intraoral - complete series (including bitewings)	
D0470	Diagnostic casts	
D8010	Limited orthodontic treatment of the primary dentition .....	\$ 950.00
D8020	Limited orthodontic treatment of the transitional dentition - <i>child or adolescent to age 19</i> .....	\$ 950.00
D8030	Limited orthodontic treatment of the adolescent dentition - <i>adolescent to age 19</i> .....	\$ 950.00
D8040	Limited orthodontic treatment of the adult dentition - <i>adults, including covered dependent adult children</i> .....	\$1,150.00
D8050	Interceptive orthodontic treatment of the primary dentition .....	\$ 950.00
D8060	Interceptive orthodontic treatment of the transitional dentition .....	\$ 950.00
D8070	Comprehensive orthodontic treatment of the transitional dentition - <i>child or adolescent to age 19</i> .....	\$1,700.00
D8080	Comprehensive orthodontic treatment of the adolescent dentition - <i>adolescent to age 19</i> .....	\$1,700.00
D8090	Comprehensive orthodontic treatment of the adult dentition - <i>adults, including covered dependent adult children</i> .....	\$1,900.00
D8660	Pre-orthodontic treatment visit .....	\$ 25.00
D8680	Orthodontic retention (removal of appliances, construction and placement of <i>removable</i> retainers) .....	\$ 275.00
D8999	Unspecified orthodontic procedure, by report - <i>includes treatment planning session</i> .....	\$ 100.00

## D9000-D9999 XII. ADJUNCTIVE GENERAL SERVICES

D9110	Palliative (emergency) treatment of dental pain - minor procedure.....	\$ 5.00
D9211	Regional block anesthesia .....	No Cost
D9212	Trigeminal division block anesthesia.....	No Cost
D9215	Local anesthesia .....	No Cost
D9220	Deep sedation/general anesthesia - first 30 minutes .....	\$ 165.00
D9221	Deep sedation/general anesthesia - each additional 15 minutes.....	\$ 80.00
D9241	Intravenous conscious sedation/analgesia - first 30 minutes.....	\$ 165.00
D9242	Intravenous conscious sedation/analgesia - each additional 15 minutes .....	\$ 80.00
D9310	Consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician .....	No Cost
D9430	Office visit for observation (during regularly scheduled hours) - no other services performed .....	\$ 5.00
D9440	Office visit - after regularly scheduled hours .....	\$ 20.00
D9450	Case presentation, detailed and extensive treatment planning.....	No Cost
D9940	Occlusal guard, by report - <i>limited to 1 in 3 years</i> .....	\$ 95.00
D9951	Occlusal adjustment, limited.....	\$ 20.00
D9952	Occlusal adjustment, complete .....	\$ 40.00
D9972	External bleaching - per arch - <i>limited to one bleaching tray and gel for two weeks of self treatment</i> .....	\$ 125.00
D9999	Unspecified adjunctive procedure, by report - <i>includes failed appointment without 24 hour notice - per 15 minutes of appointment time - up to an overall maximum of \$40.00</i> .....	\$10.00

If services for a listed procedure are performed by the assigned Contract Dentist, the Enrollee pays the specified Copayment. Listed procedures which require a Dentist to provide specialized services, and are referred by the assigned Contract Dentist, must be preauthorized in writing by Delta Dental. The Enrollee pays the Copayment specified for such services.

Procedures not listed above are not covered, however, may be available at the Contract Dentist's "filed fees." "Filed fees" means the Contract Dentist's fees on file with Delta Dental. Questions regarding these fees should be directed to Delta Dental's Customer Service department at 800-422-4234.

## Limitations and Exclusions of Benefits

### SCHEDULE B

#### Limitations of Benefits

1. The frequency of certain Benefits is limited. All frequency limitations are listed in Schedule A, Description of Benefits and Copayments.
2. If the Enrollee accepts a treatment plan from the Contract Dentist that includes any combination of more than six crowns, bridge pontics and/or bridge retainers, the Enrollee may be charged an additional \$100.00 above the listed Copayment for each of these services after the sixth unit has been provided.
3. General anesthesia and/or intravenous sedation/analgesia is limited to treatment by a contracted oral surgeon and in conjunction with an approved referral for the removal of one or more partial or full bony impactions, (Procedures D7230, D7240, and D7241).
4. Benefits provided by a pediatric Dentist are limited to children through age seven following an attempt by the assigned Contract Dentist to treat the child and upon prior authorization by Delta Dental, less applicable Copayments. Exceptions for medical conditions, regardless of age limitation, will be considered on an individual basis.
5. The cost to an Enrollee receiving orthodontic treatment whose coverage is cancelled or terminated for any reason will be based on the Contract Orthodontist's usual fee for the treatment plan. The Contract Orthodontist will prorate the amount for the number of months remaining to complete treatment. The Enrollee makes payment directly to the Contract Orthodontist as arranged.
6. Orthodontic treatment in progress is limited to new DeltaCare USA Enrollees who, at the time of their original effective date, are in active treatment started under their previous employer sponsored dental plan, as long as they continue to be eligible under the DeltaCare USA program. Active treatment means tooth movement has begun. Enrollees are responsible for all Copayments and fees subject to the provisions of their prior dental plan. Delta Dental is financially responsible only for amounts unpaid by the prior dental plan for qualifying orthodontic cases.
- malformations, congenitally missing teeth and teeth that are discolored or lacking enamel, except for the treatment of newborn children with congenital defects or birth abnormalities.
4. Porcelain crowns, porcelain fused to metal, cast metal or resin with metal type crowns and fixed partial dentures (bridges) for children under 16 years of age.
5. Lost or stolen appliances including, but not limited to, full or partial dentures, space maintainers and crowns and fixed partial dentures (bridges).
6. Procedures, appliances or restoration if the purpose is to change vertical dimension, or to diagnose or treat abnormal conditions of the temporomandibular joint (TMJ).
7. Precious metal for removable appliances, metallic or permanent soft bases for complete dentures, porcelain denture teeth, precision abutments for removable partials or fixed partial dentures (overlays, implants, and appliances associated therewith) and personalization and characterization of complete and partial dentures.
8. Implant-supported dental appliances and attachments, implant placement, maintenance, removal and all other services associated with a dental implant.
9. Consultations for non-covered benefits.
10. Dental services received from any dental facility other than the assigned Contract Dentist, a preauthorized dental specialist, or a Contract Orthodontist except for Emergency Services as described in the Contract and/or Evidence of Coverage.
11. All related fees for admission, use, or stays in a hospital, out-patient surgery center, extended care facility, or other similar care facility.
12. Prescription drugs.
13. Dental expenses incurred in connection with any dental or orthodontic procedure started before the Enrollee's eligibility with the DeltaCare USA program. Examples include: teeth prepared for crowns, root canals in progress, full or partial dentures for which an impression has been taken and orthodontics unless qualified for the orthodontic treatment in progress provision.
14. Lost, stolen or broken orthodontic appliances.
15. Changes in orthodontic treatment necessitated by accident of any kind.
16. Myofunctional and parafunctional appliances and/or therapies.
17. Composite or ceramic brackets, lingual adaptation of orthodontic bands and other specialized or cosmetic alternatives to standard fixed and removable orthodontic appliances.
18. Treatment or appliances that are provided by a Dentist whose practice specializes in prosthodontic services.

#### Exclusions of Benefits

1. Any procedure that is not specifically listed under Schedule A, Description of Benefits and Copayments.
2. Any procedure that in the professional opinion of the Contract Dentist:
  - a. has poor prognosis for a successful result and reasonable longevity based on the condition of the tooth or teeth and/or surrounding structures, or
  - b. is inconsistent with generally accepted standards for dentistry.
3. Services solely for cosmetic purposes, with the exception of procedure D9972, External bleaching, per arch, or for conditions that are a result of hereditary or developmental defects, such as cleft palate, upper and lower jaw



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For Questions Regarding **Delta Dental PPO**

Call (800) 765-6003  
Delta Dental Customer Service  
Monday through Friday  
5 a.m. to 5 p.m. Pacific time

For Questions Regarding **DeltaCare USA**

Call 800-422-4234  
Delta Dental Customer Service  
Monday through Friday  
5 a.m. to 6 p.m. Pacific time